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Karen DeSalvo, MD
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: Comments on Draft *2016 Interoperability Standards Advisory* (2016 Advisory)

<Submitted Electronically>

Dear Doctor DeSalvo:

The American Dental Association (ADA), on behalf of its 157,000 member dentists, appreciates the opportunity to comment on the 2016 Advisory. As the only American National Standards Institute (ANSI) accredited Standards Development Organization (SDO) in the areas of dental products and dental informatics, the ADA appreciates the importance of consensus-based standards and fully supports the concept of interoperability.

Further, as the owner and maintainer of Code on Dental Procedures and Nomenclature (CDT Code), a HIPAA national standard since August 2000, the ADA understands the value of and importance of standard codified information use and exchange within the health care community.

It is important to understand the vision of interoperability in electronic health records (EHR). The bottom line is simple, when a patient sees a provider of health care, that provider should have the benefit of access to the information contained in the patient's EHR. So, when a patient of doctor X is subsequently seen in the office of doctor Y, if the doctors are not on the same EHR system, they may not be able to access the information necessary to make informed clinical decisions. Inclusion of standard code sets that are standardized and universally in use, whether diagnostic or procedural, are not contributing factors to lack of interoperability, but rather, augment interoperability by nature of their universal acceptance and use.

Our comments concern the 2016 Advisory's citations on procedure codes and diagnostic codes used by dentists, as found in "Section I: Best Available Vocabulary/Code Set/Terminology Standards and Implementation Specifications."

I-O: Procedures

Interoperability Need: Representing dental procedures performed

Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Regulated	Cost	Test Tool Availability
Standard	Code on Dental Procedures and Nomenclature (CDT)	Final	Production	●●●●●	Yes	$	N/A
Limitations, Dependencies, and Preconditions for Consideration:				**Applicable Security Patterns for Consideration:**			
• CDT is a proprietary terminology standard.				• Feedback requested			

ADA Comment on I-O

The major hindrance to interoperability is when one EHR software will not communicate electronically with another EHR software. Inclusion of standard code sets, whether diagnostic or procedural, that are incorporated in all EHRs augment interoperability by nature of their universal acceptance and use.

The CDT Code is an established, yet continually evolving, code set that is an integral component of dental practice management software, patient records, and third-party payer claim adjudication systems. This code set is an exemplar of interoperability for the following reasons.

- Since its introduction in 1969 the CDT Code has become the recognized standard for exchanging dental procedure information in a codified, machine readable format.

- In August 2000 the CDT Code was named as a HIPAA standard medical code set for use in the electronic data interchange transactions specified in the HIPAA Administrative Simplification provisions.

- On December 19, 2012 the Health IT Standards Committee (HITSC) accepted its Vocabulary Task Force recommendation that "Current Dental Terminology (CDT) immediately should be adopted as a standard vocabulary for certified EHR technology to support Meaningful Use stage 2."

"Limitations, Dependencies, and Preconditions for Consideration" – This item contains the single statement "CDT is a proprietary terminology standard." The ADA does not see the proprietary nature of a code set as hampering interoperability. Code sets such as the CDT Code that are used universally throughout the profession present no barrier to interoperability, but rather, because of their universal adoption, encourage interoperability.

Maintaining the CDT Code in a manner that satisfies all users is an important and costly endeavor. The ADA accomplishes this in a genuine multi-stakeholder collaboration. Fees for licensed use of this code set are reasonable and offset a portion of the CDT Code's maintenance costs; as such they present no barrier to interoperability.

Therefore the ADA considers this single statement as inappropriate, bearing negative connotations and irrelevant to interoperability. It should be deleted with no replacement, for the following reasons.

- This is the sole occurrence of this statement in the draft 2016 Advisory, with no explanation as to relevance to interoperability.

- The CDT Code is currently incorporated and continually used in electronic patient records, data exchange, and information processing

- This code set is maintained through an open, scheduled, consensus process whose voting member organizations represent a cross-section of the dental community that includes the ADA, dental specialty societies, dental educators, CMS and other third-party payers (see more online at http://www.ada.org/en/publications/cdt/).

- During the December 19, 2102 HITSC meeting (cited above) the Vocabulary Task Force noted that the National Committee on Vital and Health Statistics (NCVHS) determined after hearings the CDT Code is managed appropriately and the committee supports its adoption by the Center for Healthcare Research & Transformation (CHRT) and for Meaningful Use (MU).

"Applicable Security Patterns for Consideration" – The ADA believes that this has no relevance to the CDT Code's interoperability. Since being named a HIPAA standard in 2000 the CDT Code's use is subject to HIPAA Administrative Simplification privacy and security provisions for personally identifiable health information, and any state regulation that is more stringent.

I-C: Encounter Diagnosis

Interoperability Need: documenting patient encounter diagnosis

ADA Comment on I-C

The list of standards, SNOMED-CT and ICD-10-CM, is incomplete. Missing is the diagnostic terminology for dentistry, the ADA developed subset of SNOMED-CT that is named the Systematized Nomenclature of Dentistry (SNODENT). This subset is now proposed as an ANSI American National Standard (ANSI/ADA Standard No.2000 for a Systematized Nomenclature of Dentistry). SNODENT is a vocabulary designed for use in the electronic environment (e.g., electronic health and dental records) that the ADA has mapped (cross-walked) to ICD-10-CM for reporting purposes. In addition, SNODENT:

- Provides standardized terms for describing dental disease

- Captures clinical detail and patient characteristics

- Permits analysis of patient care services and outcomes

- Is interoperable with Electronic Health Records (EHR) and Electronic Dental Records (EDR)

We therefore offer the following table as an addition to "I-C:"

Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Regulated	Cost	Test Tool Availability
Standard	SNODENT – Systemized Nomenclature for Dentistry	Final	Pilot	●○○○○	No	Free	N/A

Limitations, Dependencies, and Preconditions for Consideration:	Applicable Security Patterns for Consideration:
• SNODENT is ADA intellectual property that is part of the National Library of Medicine. • Maintenance is by a multidisciplinary committee whose members represent varied sectors of the dental community. • There are separate licenses for SNODENT's educational, non-commercial and commercial enterprise use.	• No relevance to interoperability. • Use is subject to HIPAA Administrative Simplification privacy and security provisions for personally identifiable health information, and any state regulation that is more stringent.

Please convey any questions you may have on the ADA's comments to Dr. Krishna Aravamudhan, director, Center for Dental Benefits, Coding and Quality (aravamudhank@ada.org) and Ms. Jean Narcisi, director, Dental Informatics, Center for Informatics and Standards (narcisij@ada.org).

Thank you for your consideration of the ADA's comments on the 2016 Advisory.

Sincerely,

Maxine Feinberg, D.D.S.   Kathleen T. O'Loughlin, D.M.D., M.P.H.
President   Executive Director

cc: Dr. Dave Preble, vice president, Practice Institute
         Dr. Krishna Aravamudhan, director, Center for Dental Benefits, Coding and Quality
         Ms. Jean Narcisi, director, Dental Informatics, Center for Informatics and Standards